

Case Number:	CM15-0010140		
Date Assigned:	01/27/2015	Date of Injury:	04/16/2013
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male, who sustained an industrial injury on 4/16/13. He has reported pain and swelling in the right wrist. The diagnoses have included chronic pain syndrome, hand injury not otherwise specified and sleep disturbance not otherwise specified. Treatment to date has included diagnostic studies, right ulnar shortening osteotomy, wrist splint and oral medications. As of the PR2 dated 12/30/14, the injured worker reported 9/10 pain in the right forearm and hand. The injured worker reported that current pain medications help with pain. The treating physician requested to continue current medications including Norco 10/325mg #60. On 1/6/15 Utilization Review modified a request Norco 10/325mg #60 to Norco 10/325mg #60. The UR physician cited the MTUS guidelines for chronic pain medical treatments. On 1/13/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10-325 mg Qty. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability. Several progress notes, referenced above, including a December 30, 2014 progress note, failed to identify any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage. The applicant continues to report complaints of pain as high as 9/10 on the December 30, 2014 progress note on which Norco was renewed. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.